

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MAINE REPUBLICAN PARTY</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00003111	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 27 / 2016	

Full Name of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 27 / 2016	
Mailing Address 106 S COLUMBUS ST		Amount 0.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.20785
Purpose of Expenditure POLIQUIN PALM CARD	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 25 / 2016	
Name of Federal Candidate BRUCE L POLIQUIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BEN LOMBARD

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2016

Signature